

Interim Guidance for Local Health Jurisdictions Regarding Follow-up of Asymptomatic Persons with Any Exposure to the Ebola Virus

Messages to Contacts

Local health jurisdiction (LHJ) staff should educate persons who have potentially been exposed to Ebola virus of the symptoms of the disease and where to go for immediate evaluation if symptoms occur.

All persons with potential exposure to Ebola--high risk, low risk or no definite risk identified (e.g., travelled from the country without contact with healthcare or ill persons) should be monitored at least daily by public health for fever and symptoms for 21 days after last potential exposure. Monitoring may be performed electronically (phone, email, text message).

All persons being monitored after potential exposure to Ebola should:

1. Avoid long distance public transport (no travel on commercial airplanes or commercial long-distance trains, buses, or ships). Consider avoiding taxis and local trains or buses.
2. Stay home from work, school, and avoid public activities as much as possible.
3. Report any symptoms of Ebola immediately to the LHJ: fever, diarrhea, vomiting, severe headache, muscle pain, abdominal pain, or bleeding. The LHJ should provide a 24/7 telephone number.
4. Seek healthcare only at a pre-designated facility, contact the facility before arrival, and mention possible exposure to Ebola. The LHJ should provide the facility's name and its 24/7 telephone number.

Monitoring of Persons

LHJ staff should communicate with the exposed person/traveler/healthcare worker at least once a day either in person or electronically (e.g., phone call, email or text message). Monitoring of exposed healthcare personnel may be delegated to a healthcare facility's employee health program. See the table on the next page for additional details.

Safety for Follow-up Teams Doing Home Visits

Home visits may be done once or twice daily for persons with risk exposures to Ebola. Since cases are most likely to arise in persons with exposures, it is important for monitoring personnel to take measures to protect themselves by taking these safety measures during a visit:

1. When possible, use a non-government car to travel to the residence.
2. Call the person before entering the residence to ask about symptoms (fever, diarrhea, vomiting, severe headache, muscle pain, abdominal pain, bleeding) and re-assess for symptoms in the doorway or just after entering the residence.
3. Avoid direct physical contact like shaking hands or hugging.
4. When possible, have the person take their own temperature and show you, or use a no-touch temperature system. Use disposable gloves if you must take the person's temperature directly.
5. If fever or other symptoms are identified at the home visit, immediately leave the residence and telephone the appropriate supervisor.
6. If no symptoms are identified, verify the time of the next evaluation.
7. If any symptoms occur before the next evaluation, instruct the person to immediately go to a private area (e.g., room with a door that can be closed, or car) and telephone the LHJ.
8. Have available at every visit: telephone number to report onset of symptoms, gloves, biohazard bags, and also fluid resistant/impermeable gowns, shoe covers and/or booties, face shields, face masks, N95 masks, spray bottle of disinfectant (e.g., 1:10 chlorine solution).

Below is DOH interim guidance for monitoring of potentially exposed persons (adapted from CDC)

Exposure Risk Category	Type of Risk Exposures during the prior 21 days	Contact Public Health for Guidance	Public Health Monitoring for Fever or other Symptoms	Work or School Restrictions	Travel Restrictions
High risk	Direct skin contact with, or exposure to blood or body fluids of, EVD patient; OR Processing blood or body fluids from an EVD patient without appropriate personal protective equipment (PPE) or biosafety precautions; OR Direct contact with a dead body (including during funeral rites) in an Ebola affected area* without appropriate PPE.	Yes	Yes—daily home visit or phone or other electronic communication	Yes	Yes – avoid long-distance public conveyances (airplane, extended train or ship travel)
Some/low risk	Household member of EVD patient and others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE; OR Spent prolonged time in facilities with confirmed or probable EVD patients without appropriate PPE.	Yes	Yes—as above	Yes	Yes—as above
Healthcare personnel	Cared for Ebola patient with appropriate PPE.	Yes	Yes—as above but may be delegated to employee health	Yes	Yes—as above
No known exposure	Residence in or travel to affected areas* without high or some/low risk exposures.	Yes	Yes—as above	Yes	Yes—as above

*See the CDC website for the latest areas with EVD cases (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas>)